

PART B - FEE(S) TRANSMITTAL

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Depositor's name
Signature
Date

APPLICANT NO.	FILING DATE	FIRST NAMED INVENTOR	A ATTORNEY DOCKET NO.	CYBERMATION NO.
01/01/2008	01/20/2004	Niskayuna, Niskayuna	41111-1	41111

TITLE OF INVENTION: SYSTEMS AND METHODS FOR INITIAL SAMPLING IN MULTI-OBJECTIVE PORTFOLIO ANALYSIS

APPL. TYPE	SMALL ENTITY	ISSUE FEE (\$)	PUBLICATION FEE (\$)	PREV. PAID ISSUE FEE (\$)	TOTAL FEE (\$)	DATE PAID
nonprovisional	NO	\$1740	\$000	\$0	\$2040	01/17/2011

EXAMINER	ART UNIT	EXAMINER'S NAME
WONG, ERIC TAI WAI	3603	705 DICKER

1. Change of correspondence address or indication of "Fee Address" (7 CFR 1.601) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication for "Fee Address" indication form (PTO/SB/122) has been or will be attached. Use of a Customer Number is required.	2. For printing on the patent first page, list: (1) the names of up to 7 registered patent attorneys; or agents OR, alternatively, (2) the name of a single firm (being as a member a registered attorney or agent) and the name, of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(a) NAME OF ASSIGNOR: General Electric Company
 (b) RESIDENCE (CITY AND STATE OR COUNTRY): Niskayuna, New York

Please check the appropriate assigner category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private organization ☐ Government

4a. The following fees are submitted: <input checked="" type="checkbox"/> Issue fee <input checked="" type="checkbox"/> Publication fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies	4b. Payment of fee(s) (Please first supply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2036 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the requested fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 070868 (attach an extra copy of this form).
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5. Change in Entity Status (if any status indicated above)
☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: /Scott J. Asmus/

Date: January 17, 2012

Typed or printed name: Scott J. Asmus

Registration No: 42,269

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